

# SENATE BILL No. 513

## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-18-2; IC 16-21-10.

**Synopsis:** Health entity acquired infection reporting. Requires the state department of health to develop methods of data collection, analysis, and publication related to health entity acquired infection rates. Requires health entities to report infection rate data. Establishes an advisory committee to assist the state department of health.

**Effective:** July 1, 2007.

**Alting**

January 23, 2007, read first time and referred to Committee on Health and Provider Services.

C  
o  
p  
y



First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

## SENATE BILL No. 513

A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 16-18-2-9.1 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 2007]: **Sec. 9.1. "Advisory committee", for purposes of**  
4 **IC 16-21-10, has the meaning set forth in IC 16-21-10-1.**  
5 SECTION 2. IC 16-18-2-166.5 IS ADDED TO THE INDIANA  
6 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
7 [EFFECTIVE JULY 1, 2007]: **Sec. 166.5. "Health entity", for**  
8 **purposes of IC 16-21-10, has the meaning set forth in**  
9 **IC 16-21-10-2.**  
10 SECTION 3. IC 16-18-2-166.6 IS ADDED TO THE INDIANA  
11 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
12 [EFFECTIVE JULY 1, 2007]: **Sec. 166.6. "Health entity acquired**  
13 **infection", for purposes of IC 16-21-10, has the meaning set forth**  
14 **in IC 16-21-10-3.**  
15 SECTION 4. IC 16-21-10 IS ADDED TO THE INDIANA CODE  
16 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
17 JULY 1, 2007]:



C  
o  
p  
y

**Chapter 10. Health Entity Acquired Infection Rate Reporting**

**Sec. 1.** As used in this chapter, "advisory committee" refers to the advisory committee appointed under section 5 of this chapter.

**Sec. 2.** As used in this chapter, "health entity" refers to a hospital or an ambulatory outpatient surgical center for which licensure is required under IC 16-21-2.

**Sec. 3.** As used in this chapter, "health entity acquired infection" means a localized or systemic condition that:

- (1) affects an individual who is currently or was previously admitted to a health entity;
- (2) results from adverse reaction to the presence of an infectious agent or toxin; and
- (3) was not present or incubating at the time of the individual's admission to the health entity.

**Sec. 4. (a)** The state department shall establish a list of health entity acquired infections for which data must be collected by health entities. The list must include the following:

- (1) Surgical site infections.
- (2) Ventilator associated pneumonia.
- (3) Central line related bloodstream infections.
- (4) Urinary tract infections.
- (5) Other infections as determined by the state department.

**(b)** The state department shall develop a methodology for collection, analysis, and publication of the data described in subsection (a) to compare risk adjusted health entity acquired infection rates among health entities.

**Sec. 5. (a)** The state health commissioner shall appoint an advisory committee that includes representatives of the following:

- (1) Specialists in infection control.
- (2) Direct care nursing staff.
- (3) Physicians.
- (4) Epidemiologists with expertise in health entity acquired infections.
- (5) Academic researchers.
- (6) Consumer organizations.
- (7) Health insurers.
- (8) Health maintenance organizations.
- (9) Organized labor.
- (10) Purchasers of health insurance.

**(b)** The majority of members of the advisory committee must represent interests other than health entity interests.

**Sec. 6.** The advisory committee shall assist and advise the state

**C  
o  
p  
y**



department concerning:

- (1) the health entity acquired infection list established under section 4(a) of this chapter; and
- (2) the development of the methodology required under section 4(b) of this chapter.

Sec. 7. In developing the methodology required under section 4(b) of this chapter, the advisory committee and the state department shall consider existing methodologies and systems for data collection.

Sec. 8. (a) A health entity shall:

- (1) collect the data required under section 4 of this chapter on a quarterly basis; and
- (2) beginning January 31, 2009, submit to the state department a report of the data collected during the previous calendar quarter.

(b) The reports required under subsection (a)(2) must be submitted on January 31, April 30, July 31, and October 31 of each year.

Sec. 9. The state department and the advisory committee shall:

- (1) annually evaluate the:
  - (A) methodology developed under section 4(b) of this chapter; and
  - (B) quality and accuracy of the data collected under section 8 of this chapter; and
- (2) make any methodology changes determined to be necessary.

Sec. 10. (a) Beginning January 31, 2010, the state department shall annually submit to the legislative council a report in an electronic format under IC 5-14-6.

(b) The report submitted under subsection (a) must:

- (1) summarize the quarterly reports received from health entities during the previous calendar year;
- (2) compare the risk adjusted health entity acquired infection rates among health entities for the current and previous calendar years;
- (3) include an executive summary in plain language, including a discussion of findings, conclusions, and trends concerning the state of health entity acquired infections in Indiana;
- (4) be published on the state department's Internet web site; and
- (5) be made available by the state department upon request.

(c) The state department shall:

C  
O  
P  
Y



(1) disclose to the public the methodology developed under section 4(b) of this chapter before publication of the report under subsection (b); and

(2) publicize the availability of the report.

Sec. 11. The state department and the advisory committee may not disclose to any person or make public any information obtained under this chapter that may be used to identify an individual.

Sec. 12. A health entity that violates this chapter is subject to:

(1) sanctions specified in IC 16-21-3-1(1) through IC 16-21-3-1(5); and

(2) a civil penalty of not more than one thousand dollars (\$1,000) per day for each day the health entity is in violation of this chapter;

as determined by the state health commissioner.

Sec. 13. The state department may adopt rules under IC 4-22-2 to implement this chapter.

**C  
o  
p  
y**

